

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sand Island Treatment Center	CHAPTER 98
Address: 1240 Sand Island Access Road, Honolulu, Hawaii 96819	Inspection Date: August 5, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “IBU 400mg 1 tab QID PRN” &amp; “Claritin 10mg 1 tab PO QD PRN” on 4/24/2019. Physician order without as needed (PRN) indication for aforementioned medications.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>On 8-06-19, a meeting was conducted with Staff Medical Director, Dr. Chang D. Lai, MD, Staff Chief of Psychiatry, Dr. Matthew Ikeda, MD, Staff Psychiatrist, Dr. George Makini, MD, Staff Psychiatrist, Dr. Toshi Shibata, MD and the Medical Unit Support Staff Supervisor. Deficiencies identified during this year’s inspection were reviewed and discussed. A decision was made to ensure that prescriptions to be delivered to the pharmacies will contain the indications for use. For example, “IBU 400mg 1 tab PO QID PRN” will need to indicate “for pain.” This “indication” will also be reflected on PRN medication sheets (MAR) and labels made in-house.</p>	8/6/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “IBU 400mg 1 tab QID PRN” &amp; “Claritin 10mg 1 tab PO QD PRN” on 4/24/2019. Physician order without PRN indication for aforementioned medications.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <hr/> <p>The Medical Unit Support Supervisor, Nikki Cliff-Vazquez, CSAC and / or Authorized Medical Unit Personnel responsible for conducting onsite medical / psychiatric clinics will ensure that prescription orders, medications sheets (MAR), and in-house medication labels reflect the medication order and indications. The Medical Unit Support Supervisor, Nikki Cliff-Vazquez, CSAC conducts reviews of Medical Records quarterly. Essentially, this is a process of retraining our Medical Professionals (Staff Medical Director, Dr. Chang D. Lai, MD, Staff Chief of Psychiatry, Dr. Matthew Ikeda, MD, Staff Psychiatrist, Dr. George Makini, MD, Staff Psychiatrist, Dr. Toshi Shibata, MD) on proper documentation / pharmacological requirements in order to ensure <u>prescription bottles contain the indication.</u></p>	<p>8/10/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Hydroxyzine 50mg 1 cap PO BID PRN increased anxiety” on 4/24/2019. Medication label on medication bottle does not match medication order. PRN indication not on medication label.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>On 8-06-19, a meeting was conducted with Staff Medical Director, Dr. Chang D. Lai, MD, Staff Chief of Psychiatry, Dr. Matthew Ikeda, MD, Staff Psychiatrist, Dr. George Makini, MD, Staff Psychiatrist, Dr. Toshi Shibata, MD and the Medical Unit Support Staff Supervisor. Deficiencies identified during this year’s inspection were reviewed and discussed. A decision was made to ensure that prescriptions to be delivered to the pharmacies will contain the indications for use. For example, “IBU 400mg 1 tab PO QID PRN” will need to indicate “for pain.” This “indication” will also be reflected on PRN medication sheets (MAR) and labels made in-house.</p> </div>	8/06/19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Hydroxyzine 50mg 1 cap PO BID PRN increased anxiety” on 4/24/2019. Medication label on medication bottle does not match medication order. PRN indication not on medication label.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <hr/> <p>The Medical Unit Support Supervisor, Nikki Cliff-Vazquez, CSAC and / or Authorized Medical Unit Personnel responsible for conducting onsite medical / psychiatric clinics will ensure that prescription orders, medications sheets (MAR), and in-house medication labels reflect the medication order and indications. The Medical Unit Support Supervisor, Nikki Cliff-Vazquez, CSAC conducts reviews of Medical Records quarterly. Essentially, this is a process of retraining our Medical Professionals (Staff Medical Director, Dr. Chang D. Lai, MD, Staff Chief of Psychiatry, Dr. Matthew Ikeda, MD, Staff Psychiatrist, Dr. George Makini, MD, Staff Psychiatrist, Dr. Toshi Shibata, MD) on proper documentation / pharmacological requirements in order to ensure <u>prescription bottles contain the indication.</u></p>	8/26/19

Licensee's/Administrator's Signature:



Print Name:

KEVIN KONISHI

Date:

8-22-19

Licensee's/Administrator's Signature:



Print Name:

KEVIN KONISHI

Date:

10-1-19

STATE OF CALIFORNIA  
STATE LICENSING  
AUG 26 19  
P3:37